obtaining higher qualifications/training or for prestigious assignment. This may be due to high standard of medical education available at AIIMS and other premier Medical Institutions in India which is found acceptable in developed countries. A Committee is being constituted to look into issues regarding retention of health manpower in Government sector.

There are 639729 allopathic doctors registered as on 28th February, 2005, about 694712 medical practitioners of Indian System of Medicine and Homoeopathy are registered as on 1st January, 2003. After taking into consideration the total number of registered allopathic doctors and medical practitioners of Indian System of Medicine and Homoeopathy, the Doctor. Population ratio comes to about 128 doctors per one lakh population (1:781). According to Medical Council of India, there are, therefore, sufficient numbers of doctors to take care of service all over the country including rural areas. There is, however, an imbalance in the availability of doctors between urban and rural areas as well as imbalance of availability of doctors in some disciplines.

The National Health Policy 2002 envisages that State Governments could vigorously enforce a mandatory two years posting before awarding of the graduate degree.

Expenditure on MBBS, MD and BDS courses

2135. SHRI N.R. GOVINDRAJAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) The total amount of money spent by Government on education of MBBS, MD and BDS students in Government medical colleges;

(b) The percentage of these expenditures charged from the students;

(c) whether Government propose to make it conditional that all Government trained medical students will have to work in rural areas for a certain period of time; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (d) There is no definite data in that regard available with the Central Government.

Since there is no uniformity in expenditure incurred by Government on medical and dental education for students at under-graduate and post-graduate levels and the figure varies from State to State and institution to institution.

(c) and (d) The National Health Policy, 2002 envisages that State Government could vigorously enforce a mandatory two-year rural posting before awarding of the graduate degree. Some State Governments have already made rural services compulsory before admission to P.G. courses or at the time of initial appointment.

Janani Suraksha Yojana

2136. SHRI A. VIJAYARAGHAVAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any proposal to replace National Maternity Benefit Scheme (NMBS) with Janani Suraksha Yojana (JSY);

(b) if so, the total number of women benefited and the amount granted and distributed under NMBS during the last three years, State-wise and category-wise;

(c) the total number of estimated women to be covered under JSY as on today, State-wise;

(d) whether JSY will exclude many women who are eligible for the benefit as per NMBS;

(e) if so, the reasons therefor; and

(f) the norms of JSY for determining eligibility criteria of women for the benefits?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes Sir. The Janani Suraksha Yojana (JSY) has been instituted in modification of the National Maternity Benefit Scheme.

(b) A Statement-I showing grants released under National Maternity Benefit Scheme during last three years and State-wise estimated number of beneficiaries is at annexed. (*See* below).